



# Typhus, murine

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr

Amer

☐ White

☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F

Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ **Generalized pains**

☐ ☐ ☐ ☐ **Rash**

☐ ☐ ☐ ☐ **Nausea**

☐ ☐ ☐ ☐ **Vomiting**

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Laboratory

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ **Typhus IgM or IgG elevated [Probable case]**

☐ ☐ ☐ ☐ ☐ **Typhus PCR (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **Typhus antibodies with ≥ 4-fold rise (serum pair, at same lab)**

☐ ☐ ☐ ☐ ☐ **Typhus immunohistochemical stain (tissue)**

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Prostration

☐ ☐ ☐ ☐ **Rash observed by health care provider**

Rash distribution: \_\_\_\_\_

☐ Generalized ☐ Localized ☐ Centrifugal

☐ Maculopapular ☐ Petechial

☐ Other: \_\_\_\_\_

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Days from onset:

Exposure period

-14

-7

o  
n  
s  
e  
t

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Insect bite

☐ Flea ☐ Louse ☐ Unk

Location of insect exposure

☐ WA county ☐ Other state ☐ Other country

☐ Multiple exposures ☐ Unk

Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Slept in places with evidence of rodents (e.g. animals, nest, excreta)

Y N DK NA

☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure

Where rodent exposure probably occurred:

☐ ☐ ☐ ☐ Cleaned wild rodent nests or excreta

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

☐ ☐ ☐ ☐ Exposure to squirrel infested building

☐ ☐ ☐ ☐ Exposure to pets

Cat or kitten ☐ Y ☐ N ☐ DK ☐ NA

Dog or puppy ☐ Y ☐ N ☐ DK ☐ NA

Other: \_\_\_\_\_

Pet free-roaming? ☐ Y ☐ N ☐ DK ☐ NA

Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Wildlife or wild animal exposure

Specify: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: \_\_\_\_\_

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

**PATIENT PROPHYLAXIS/TREATMENT**

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: \_\_\_\_\_

Date antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ # days antibiotic actually taken: \_\_\_\_\_

**PUBLIC HEALTH ISSUES****PUBLIC HEALTH ACTIONS**

☐ Education on pest control

☐ Rodent

☐ Flea

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_